



COMMERCIAL DRIVER LICENSE APPLICATION

Application Date _____ NAME _____

First MI Last

Driver License #: _____ Social Security #: _____ Date of Birth: _____

SEX: ☐ Male ☐ Female Are you a U. S. citizen or Permanent Resident? ☐ YES ☐ NO

HEIGHT: Ft. _____ In. _____

EYE COLOR

☐ Blue ☐ Gray ☐ Dichromatic ☐ Green ☐ Brown ☐ Hazel

WEIGHT: Lbs. _____

Home Address: _____

Street City State Zip Code

Mailing Address: _____

Street City State Zip Code

Please list all states where you have previously held any type of license in the prior **10 years**, and the full name in which it was held. (Please attach additional pages if necessary.).

1. STATE _____ DATE ISSUED _____ LICENSE # _____ DOB _____

NAME AS IT APPEARED ON LICENSE: _____

First MI Last

2. STATE _____ DATE ISSUED _____ LICENSE # _____ DOB _____

NAME AS IT APPEARED ON LICENSE: _____

First MI Last

3. STATE _____ DATE ISSUED _____ LICENSE # _____ DOB _____

NAME AS IT APPEARED ON LICENSE: _____

First MI Last

4. STATE _____ DATE ISSUED _____ LICENSE # _____ DOB _____

NAME AS IT APPEARED ON LICENSE: _____

First MI Last

As a commercial driver license applicant, I certify that I meet the qualifications contained in part 391 of the Federal Motor Carrier Regulations. I certify that the motor vehicle in which I am applying to operate is representative of the type of vehicle I operate or expect to operate. I certify that I am not subject to any disqualification, suspension, revocation or cancellation. I certify that I do not have a driver's license from more than one state or jurisdiction. I do solemnly swear or affirm under penalty of perjury that I am the person named and described herein and that the statements in this application are true and correct. I consent to the release of my driving record information as provided in KRS 187.310 and KRS 281A.100.

CHECK ONE BLOCK ONLY:

- ☐ I certify I meet the qualifications requirements contained in Part 391 of the Federal Motor Carrier Safety Regulations.
☐ I certify that I am not subject to Part 391 and provide documentation to substantiate.

SIGNATURE _____ DATE _____

CIRCUIT COURT CLERK'S USE ONLY

This applicant has supplied the following documents as required

☐ DOT MEDICAL CERTIFICATE ☐ INTRASTATE MEDICAL WAIVER ☐ FEDERAL WAIVER

Date Certificate Expires _____